3151 COUNTY ROAD CH

| DODGEVILLE 53533 Phone: (608) 935-3321 | | Ownershi p: | County |
|---|-----|-----------------------------------|---------|
| Operated from 1/1 To 12/31 Days of Operation: | 365 | Highest Level License: | Skilled |
| Operate in Conjunction with Hospital? | No | Operate in Conjunction with CBRF? | No |
| Number of Beds Set Up and Staffed (12/31/01): | 87 | Title 18 (Medicare) Certified? | Yes |
| Total Licensed Bed Capacity (12/31/01): | 87 | Title 19 (Medicaid) Certified? | Yes |
| Number of Residents on 12/31/01: | 68 | Average Daily Census: | 74 |

| Services Provided to Non-Residents | - 1 | Age, Sex, and Primary Diagn | osis of | Residents (12/3 | 31/01) | Length of Stay (12/31/01) | % |
|------------------------------------|-------|-----------------------------|---------|-----------------|---------|---------------------------|----------------------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 35. 3 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 39. 7 |
| Supp. Home Care-Household Services | | Developmental Disabilities | 1. 5 | Under 65 | 2.9 | More Than 4 Years | 25 . 0 |
| Day Services | No | Mental Illness (Org./Psy) | 45. 6 | 65 - 74 | 10. 3 | | |
| Respite Care | Yes | Mental Illness (Other) | 4. 4 | 75 - 84 | 41. 2 | | 100. 0 |
| Adult Day Care | Yes | Alcohol & Other Drug Abuse | 0. 0 | 85 - 94 | 44. 1 | ******** | ***** |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & 0ver | 1. 5 | Full-Time Equivale | nt |
| Congregate Meals | No | Cancer | 0. 0 | İ | | Nursing Staff per 100 Re | esi dents |
| Home Delivered Meals | No | Fractures | 10. 3 | | 100. 0 | (12/31/01) | |
| Other Meals | No | Cardi ovascul ar | 14. 7 | 65 & 0ver | 97. 1 | | |
| Transportation | No | Cerebrovascul ar | 8.8 | | | RNs | 18. 5 |
| Referral Service | No | Di abetes | 1. 5 | Sex | % j | LPNs | 2. 2 |
| Other Services | No | Respi ratory | 2. 9 | | · Ì | Nursing Assistants, | |
| Provi de Day Programming for | | Other Medical Conditions | 10. 3 | Male | 35. 3 | Aides, & Orderlies | 52 . 5 |
| Mentally Ill | Yes | | | Female | 64. 7 | | |
| Provi de Day Programming for | i | | 100.0 | | j | | |
| Developmentally Disabled | Yes | | | | 100. 0 | | |
| ***************** | ***** | , ************ | ***** | , ******* | ******* | ********* | ***** |

Method of Reimbursement

| | | Medicare Title 18 | | | edicaid itle 19 | | | 0ther | | | Pri vate Pay | ; | | amily Care | | | anaged Care | | | |
|---------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|--------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|--------------------------|-------|
| Level of Care | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | Total Resi - dents | |
| Int. Skilled Care | 0 | 0. 0 | 0 | 2 | 5. 4 | 120 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 2 | 2. 9 |
| Skilled Care | 7 | 100.0 | 118 | 33 | 89. 2 | 101 | 1 | 100.0 | 115 | 20 | 87. 0 | 118 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 61 | 89. 7 |
| Intermediate | | | | 1 | 2.7 | 82 | 0 | 0.0 | 0 | 1 | 4. 3 | 106 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 2. 9 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 4. 3 | 106 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 1. 5 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 4.3 | 90 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 1.5 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Di sabl ed | | | | 1 | 2.7 | 107 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 1. 5 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depender | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 7 | 100.0 | | 37 | 100.0 | | 1 | 100. 0 | | 23 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 68 | 100.0 |

BLOOMFIELD MANOR NURSING HOME

| Admissions, Discharges, and | | Percent Distribution | n of Residents' | Condi ti | i ons, Servi ces, ar | nd Activities as of 12. | /31/01 |
|--------------------------------|-------|----------------------|-----------------|----------|----------------------|-------------------------|------------|
| Deaths During Reporting Period | L | | | | % Needi ng | | Total |
| Percent Admissions from: | | Activities of | % | | sistance of | % Totally | Number of |
| Private Home/No Home Health | 15. 9 | Daily Living (ADL) | Independent | | Or Two Staff | Dependent | Resi dents |
| Private Home/With Home Health | 0.0 | Bathi ng | 0.0 | | 54. 4 | 45. 6 | 68 |
| Other Nursing Homes | 1. 1 | Dressi ng | 11. 8 | | 48. 5 | 39. 7 | 68 |
| Acute Care Hospitals | 80. 7 | Transferring | 27. 9 | | 38. 2 | 33. 8 | 68 |
| Psych. HospMR/DD Facilities | 2. 3 | Toilet Use | 19. 1 | | 39. 7 | 41. 2 | 68 |
| Rehabilitation Hospitals | 0.0 | Eating | 57. 4 | | 22. 1 | 20. 6 | 68 |
| Other Locations | 0.0 | ************** | ******* | ***** | ******* | ********* | ****** |
| Total Number of Admissions | 88 | Conti nence | | % | Special Treatmen | its | % |
| Percent Discharges To: | | Indwelling Or Extern | nal Catheter | 5. 9 | Receiving Resp | oi ratory Care | 10. 3 |
| Private Home/No Home Health | 41.4 | Occ/Freq. Incontinen | | 32. 4 | Receiving Trac | | 1. 5 |
| Private Home/With Home Health | 0.0 | Occ/Freq. Incontinen | nt of Bowel | 14. 7 | Receiving Suct | i oni ng | 1. 5 |
| Other Nursing Homes | 3. 0 | • | | | Receiving Osto | omy Care | 1. 5 |
| Acute Care Hospitals | 7. 1 | Mobility | | | Recei vi ng Tube | Feedi ng | 2. 9 |
| Psych. HospMR/DD Facilities | 2. 0 | Physically Restraine | ed | 1. 5 | Receiving Mech | anically Altered Diets | 45.6 |
| Reĥabilitation Hospitals | 0.0 | | | | o . | v | |
| Other Locations | 4. 0 | Skin Care | | | Other Resident C | Characteri sti cs | |
| Deaths | 42.4 | With Pressure Sores | | 7.4 | Have Advance D | i recti ves | 80. 9 |
| Total Number of Discharges | | With Rashes | | 1.5 | Medi cati ons | | |
| (Including Deaths) | 99 | İ | | | | choactive Drugs | 67. 6 |

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Government 50-99 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 85. 1 87.7 0.97 85. 1 1.00 84. 4 1.01 84. 6 1.01 Current Residents from In-County 76. 5 76. 7 1.00 72. 2 1. 06 75. 4 1.01 77. 0 0. 99 Admissions from In-County, Still Residing 21.6 28. 2 0.77 20.8 1.04 22. 1 0.98 20.8 1.04 Admissions/Average Daily Census 118.9 91.3 1.30 111.7 1.06 118. 1 1.01 128. 9 0.92 Discharges/Average Daily Census 133.8 92.8 112. 2 1. 19 118. 3 130.0 1.03 1.44 1. 13 Discharges To Private Residence/Average Daily Census **55.4** 32.9 1.68 42. 8 1. 29 46. 1 1.20 52.8 1.05 Residents Receiving Skilled Care 92. 6 90.8 1.02 91. 3 1. 01 91.6 1.01 85. 3 1.09 Residents Aged 65 and Older 97. 1 88.8 1.09 93.6 1.04 94. 2 87. 5 1. 11 1.03 Title 19 (Medicaid) Funded Residents 54. 4 67.9 0.80 67. 0 0.81 69.7 0.78 68. 7 0.79 Private Pay Funded Residents 33.8 21. 2 22. 0 1. 54 19. 7 1.71 23. 5 1.44 1. 60 Developmentally Disabled Residents 1.5 0.8 1.84 0. 9 1. 63 0.8 7. 6 0.19 1.87 Mentally Ill Residents 50.0 46. 1 1.08 41.0 1.22 39. 5 1.27 33. 8 1. 48 General Medical Service Residents 10.3 14.8 0.69 16. 1 0.64 16. 2 0.63 19. 4 0.53 49.3 Impaired ADL (Mean) 57. 1 49.7 48. 7 1. 17 48. 5 1. 16 1. 15 1. 18 Psychological Problems 67. 6 56. 1 1.21 50. 2 1. 35 50.0 1.35 51.9 1.30 Nursing Care Required (Mean) 1.34 7. 3 1. 24 7. 3 1. 23 9.0 6. 7 7.0 1. 28